



House of Representatives

General Assembly

File No. 43

January Session, 2013

House Bill No. 6465

House of Representatives, March 18, 2013

The Committee on Children reported through REP. URBAN of the 43rd Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING ANIMAL THERAPY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2013*) (a) For purposes of this
2 section, "animal assisted therapy" means goal-directed intervention in
3 which animals are used as an integral part of the treatment process for
4 individuals who have experienced mental, physical or emotional
5 trauma and "animal assisted therapy community" means the local or
6 regional entities possessing the staff and capabilities to engage in
7 animal assisted therapy including, but not limited to, the Connecticut
8 Humane Society, Soul Friends, Inc. and Animal Assisted Therapy
9 Services, Inc.

10 (b) Not later than January 1, 2014, the Commissioner of Children
11 and Families, within available appropriations, shall develop and
12 implement training for certain employees of the Department of
13 Children and Families and mental health care providers, on (1) the
14 healing value of the human-animal bond for children, (2) the value of
15 therapy animals in dealing with traumatic situations, and (3) the

16 benefit of an animal assisted therapy program.

17 (c) Not later than January 1, 2014, the Commissioner of Children
18 and Families, in consultation with the Governor's Prevention
19 Partnership and the animal assisted therapy community and within
20 available appropriations, shall develop and operate, or contract for, an
21 animal assisted therapy program. Such program shall: (1) Provide
22 animal assisted therapy to children and youths living with trauma and
23 loss; (2) provide animal assisted therapy to children and youths with
24 behavioral health needs who are in the custody of the Department of
25 Children and Families; (3) allow for collaboration with mental health
26 care providers to incorporate animal assisted therapy into the therapy
27 plan for youths or children; (4) promote the healing benefits of the
28 human-animal bond by providing interactive empathetic training
29 activities with therapy animals; (5) incorporate nonverbal learning into
30 the formulation of trauma treatment modalities; and (6) demonstrate
31 positive outcomes for children.

32 (d) Not later than January 1, 2014, the Commissioner of Children
33 and Families, in consultation with the Commissioner of Agriculture
34 and within available appropriations, shall develop a coordinated
35 volunteer canine crisis response team. Such team shall consist of
36 various handlers and canines that have been trained and certified to
37 provide comfort and relief to individuals during and after traumatic
38 events. Such team shall operate on a volunteer basis and shall be
39 available to provide animal assisted therapy within twenty-four hours
40 of receiving notice to do so.

41 (e) Not later than January 1, 2014, the Commissioner of Children
42 and Families, in consultation with the Commissioner of Agriculture
43 and the joint standing committee on children, shall develop a results
44 based accountability assessment of the results of the programs
45 implemented pursuant to subsections (b) to (d), inclusive, of this
46 section to (1) determine the effectiveness of animal assisted therapy, (2)
47 begin the process of identifying curriculum-based animal assisted
48 therapy as a potential best practice approach, and (3) demonstrate

49 positive outcome measures in hopefulness, tied to resilience in the
50 literature and other social emotional measures of healthy child
51 development.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>October 1, 2013</i>	New section
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KID *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 14 \$	FY 15 \$
Children & Families, Dept.	GF - Potential Cost	Minimal - Significant	Minimal - Significant

Municipal Impact: None

Explanation

The bill requires, no later than 1/1/14, the Department of Children and Families (DCF) to (1) develop and operate or contract for an animal assisted therapy (AAT) program (2) train certain DCF employees and mental health care providers on the value of the human-animal bond (among other topics), (3) develop a volunteer canine crisis response team and (4) develop a results based accountability (RBA) assessment of the former requirements. The bill specifies that DCF implement the provisions of the bill within available appropriations. However, if the bill were to be implemented, the potential costs to DCF to develop and operate or contract for an AAT program will be minimal to significant. Costs are dependent upon DCF's interpretation of the scope of the population to be served by AAT, the number of mental health providers that choose to collaborate with state AAT volunteer organizations and the capacity of these organizations to provide services to the AAT program target population.

The required DCF AAT program is intended to serve (1) children and youth living with trauma and loss and (2) children and youth with behavioral health needs in the custody of DCF. It is unknown how many of the approximately 800,000 children and youth in Connecticut

are living with trauma and loss (the bill does not define “trauma and loss”). If “trauma and loss” is interpreted narrowly by DCF, resulting in a limited target population, the provision of contracted AAT services is anticipated to result in a minimal cost to the agency. If a looser interpretation of “trauma and loss” is adopted by DCF, resulting in a more expansive target population, the provision of contracted AAT services would result in a significant cost to DCF.

If mental health care providers serving DCF children and youth incorporate volunteer-provided AAT into the spectrum of their provided services, no cost would be incurred by these professionals and subsequently there would be no additional costs to DCF for their services. If, however, providers do not choose to initiate this collaboration, are unable to procure AAT services on a volunteer basis or do so on a limited basis, DCF would need to contract out for AAT services or provide additional funding to providers to do so. This would result in a minimal to significant cost to DCF dependent upon the capacity of state volunteer AAT organizations to meet the unmet need and the cost of contracted-for AAT services.

As to the provision requiring DCF training of certain agency employees and mental health care providers on the value of the human-animal bond among other topics, DCF has already collaborated with Soul Friend, Inc. for a related employee training entitled, “Considering the Importance of the Human-Animal Bond for Children with Trauma: Stories of Hope.”¹ While it not clear which “certain” DCF employees and mental health care providers are required to be trained under the bill, if Soul Friend, Inc. or another AAT organization in the state provides training for free, there is no cost anticipated for this provision of the bill, should DCF choose to implement it.

The requirement that DCF develop a volunteer canine crisis response team is not anticipated to result in a cost to the agency. While DCF is required to develop this team to provide AAT within 24-

¹DCF Calendar of Events online, March 2013, accessed 3/16/13, available at: <http://www.ct.gov/dcf/ical/calendar.asp>.

hours of receiving notice, there is no indication of how many children and youth the team must be available to serve. As such, it is anticipated that DCF would work with state volunteer AAT organizations to provide crisis response services to as many children and youth as possible within the existing resources of these volunteer organizations.²

There is no fiscal impact to DCF to perform an RBA assessment of these programs, should it choose to do so.

The Out Years

If DCF were to choose to implement the AAT program, costs would continue into the future dependent upon the agency's interpretation of "trauma and loss," the number of mental health care professionals serving DCF children and youth that incorporate volunteer AAT into their spectrum of services and the cost of contracting out for these services if need be.

Sources: 2/26/2013 Public Hearing Testimony
2010 Census U.S. Census Bureau: State and County QuickFacts.
Department of Children and Families February 2013 Placements Report

² Soul Friends, Inc. provides AAT to approximately 570 children a year and estimates that more than half of these children are under the care of DCF.

OLR Bill Analysis**HB 6465*****AN ACT CONCERNING ANIMAL THERAPY.*****SUMMARY:**

This bill requires the Department of Children and Families (DCF), by January 1, 2014 and within available appropriations, to develop:

1. and operate or contract for a therapy program that uses animals to treat children and youths who have experienced mental, physical, or emotional trauma (animal assisted therapy);
2. a volunteer canine response team to provide comfort and relief during and after traumatic events;
3. and implement training for certain department staff on the healing value of the human-animal bond for children, value of therapy animals in dealing with traumatic events, and benefits of an animal assisted therapy program; and
4. a results-based accountability (RBA) assessment of the animal therapy program, volunteer canine response team, and staff training program.

EFFECTIVE DATE: October 1, 2013

ANIMAL ASSISTED THERAPY PROGRAM

The DCF commissioner must consult the Governor's Prevention Partnership and the animal assisted therapy community to develop and operate or contract for an animal assisted therapy program that:

1. provides animal assisted therapy to children and youths who have experienced trauma and loss,

2. provides animal assisted therapy to children and youths with behavioral health needs who are in DCF custody,
3. allows for collaboration with mental health providers to include animal assisted therapy in a youth's or child's therapy plan,
4. provides interactive empathetic training activities with therapy animals to show how the human-animal bond helps healing,
5. uses nonverbal learning in trauma treatment, and
6. demonstrates positive outcomes for children. (It is unclear how you mandate outcomes.)

The bill defines "animal assisted therapy community" as local or regional entities with staff and capabilities to engage in animal assisted therapy including the Connecticut Humane Society, Soul Friends, Inc., and Animal Assisted Therapy Services, Inc.

VOLUNTEER CANINE RESPONSE TEAM

The DCF commissioner must consult with the Department of Agriculture (DOAG) commissioner, to develop a coordinated volunteer canine crisis response team. These teams must (1) consist of various handlers and dogs who have been trained and certified to provide comfort and relief to people during and after traumatic events, (2) operate on a volunteer basis, and (3) be available to provide animal assisted therapy within 24 hours of receiving notice to do so. (It is unclear (1) who will train and certify the handlers and dogs, (2) who will provide notice to the team and how it will be provided, and (3) what qualifies as a "traumatic event.")

RESULTS BASED ACCOUNTABILITY (RBA) ASSESSMENT

The DCF commissioner, in consultation with the DOAG commissioner and the Children's Committee, must use RBA to assess the animal therapy program, volunteer canine response team, and training program. The assessment must (1) determine the effectiveness of animal assisted therapy; (2) begin identifying curriculum-based

animal assisted therapy as a potential best practice approach (presumably to treat children and youth who have experienced trauma); and (3) “demonstrate positive outcome measures in hopefulness, tied to resilience in the literature and other social emotional measures of healthy child development.” (It is unclear what this last requirement means.)

COMMITTEE ACTION

Children Committee

Joint Favorable

Yea 10 Nay 2 (02/28/2013)